

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

American College of Nurse-Midwives Midwives-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

☐Check if different
than previously
reported. (ACC)

Silver Spring

MD

20910

6374

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00358812

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathryn Kravetz

Signature of Treasurer

Electronically Filed by Kathryn Kravetz

Date

0 1

3 0

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		29737.94
(b) Cash on Hand at Beginning of Reporting Period	1886.72	
(c) Total Receipts (from Line 19)	15146.00	39477.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17032.72	69215.44
7. Total Disbursements (from Line 31)	3138.15	55320.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13894.57	13894.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period:

From:

M M
1 1D D
2 8Y Y Y Y
2 0 0 6

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3100.00	4473.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	12046.00	35004.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	15146.00	39477.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	15146.00	39477.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15146.00	39477.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15146.00	39477.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		3138.15	39310.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		3138.15	39310.87
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	16000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	10.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	10.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		3138.15	55320.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		3138.15	55320.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15146.00	39477.50
34. Total Contribution Refunds (from Line 28(d))	0.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15146.00	39467.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3138.15	39310.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3138.15	39310.87

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A. Full Name (Last, First, Middle Initial)
 Brielle J. Stoyke, CNM
 Mailing Address 25442 204th Street

City State Zip Code
 Long Prairie MN 56347-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Centra Care Clinic-Long
 Prairie

Occupation
 Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 6

Transaction ID: 25052308

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
 Nivia Nieves Fisch, CNM
 Mailing Address 2922 Emerald Lake Dr

City State Zip Code
 Harlingen TX 78550-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harlingen OB-GYN Associat-
 es

Occupation
 Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 25086311

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
 Barbara E. Norton, CNM
 Mailing Address 6130 Country Lane Circle

City State Zip Code
 Anchorage AK 99504-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Midwifery & Womens Health
 at Geneva Wo

Occupation
 Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 25086323

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

Full Name (Last, First, Middle Initial)

A. Susan Vaughen, CNM

Mailing Address 1485 Periwinkle Dr

City State Zip Code
 Deland FL 32724

FEC ID number of contributing federal political committee.

C

Name of Employer
A Woman's Touch in Health-Care, IncOccupation
Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 25086340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leslie Cragin, CNM FACNM

Mailing Address 287 Santa Margarita Ave.

City State Zip Code
 Menlo Park CA 94025-2726

FEC ID number of contributing federal political committee.

C

Name of Employer
Nurse-Midwives of San FranciscoOccupation
Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 6

Transaction ID: 25147759

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roseanne Seminara, CNM

Mailing Address 126 Terrace Pl

City State Zip Code
 Brooklyn NY 11218

FEC ID number of contributing federal political committee.

C

Name of Employer
Park Slope Midwives LLCOccupation
Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 25160638

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Allen Cohn

Mailing Address 1025 Spring Street

City

Ann Arbor

State

MI

Zip Code

48103-3244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 6

Transaction ID: 25191729

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3100.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

Full Name (Last, First, Middle Initial)

A. BankCard Credit Card Processing

Mailing Address P.O. Box 2485

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25299427

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

90.99

Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

B. NOVA Credit Card Processing

Mailing Address 7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25299428

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

36.50

Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

C. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City
Virginia Beach

State
VA

Zip Code
23454

Purpose of Disbursement
Telemarketing and Mail - not for federal c

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25151281

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

1259.76

Telemarketing and Mail - not
for federal candidate

SUBTOTAL of Disbursements This Page (optional)

1387.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

Full Name (Last, First, Middle Initial)

A. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City
Virginia Beach

State
VA

Zip Code
23454

Purpose of Disbursement
Telemarketing and Mail - not for federal

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25161458

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	6

Amount of Each Disbursement this Period

1727.20

Telemarketing and Mail -
not for federal candidate

SUBTOTAL of Disbursements This Page (optional)

1727.20

TOTAL This Period (last page this line number only)

3114.45